

Southern Ohio Health Care Network
October 2010 Quarterly Report for 3rd Quarter of 2010

I. Project Contact & Coordination Information

A. The Southern Ohio Health Care Network (SOHCN) is incorporated as a 501(c)(3). In May 2009, the SOHCN amended its Articles of Incorporation and changed the composition of its Board of Directors as appropriate. On November 19, 2010, the SOHCN Board held a quarterly meeting at which alterations were made to the Board of Directors. The following is the updated list of SOHCN board members:

<u>Name</u>	<u>Position</u>	<u>Affiliation</u>
Keith Coleman	President	CFO, Adena Health System
Karen D. Bolton, Esq.	Vice President	General Counsel, Adena Health System
Elisabeth Williams	Sec'y/Treasurer	CSO, Adena Health System
Kristine Barr	Member	CIO/VP of Comm., O'Bleness Health System
Morgan Saunders	Member	CIO, Holzer Consolidated Health Systems
Mark Shuter	Member	CEO, Adena Health System

B. Contact information for responsible administrative officials:

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C. The Southern Ohio Health Care Network Inc. Board of Directors is **legally** responsible for the conduct of activities supported by the FCC Rural Health Care Pilot Program (RHCPP) award. As the pilot project's fiduciary agent, Adena Health System is **financially** responsible for the conduct of activities supported by the FCC RHCPP award.

D. In 2008 and early 2009, the staff of Reid Consulting Group (RCG) contacted and/or visited all eligible health care providers (HCPs) in the thirteen (13) Phase I counties to explain the SOHCN project and collect FCC-required letters of agency (LOA) from each. Beginning in 2010 and continuing in 2011, we are contacting all potential SOHCN members to inform them of Horizon's plans for the fiber build and update their contact information.

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The SOHCN has been expanded to include a total of 34 counties. Phase II of the network build will be the 21 remaining counties not included in Phase I. RCG has commenced Phase II field work, beginning to contact and visit the eligible health care facilities to explain the project and collect LOAs.

As stated in our original application, Phase II implementation will necessitate additional rounds of funding for the RHCPP because of the significantly expanded geographic scope of the Southern Ohio Health Care Network.

Coordination with Region:

In April 2008, the Southern Ohio Health Care Network (SOHCN) agreed to merge with Holzer Consolidated Health Systems (HCHS), the other Rural Health Care Pilot Project receiving funding in southeastern Ohio. In August 2008, HCHS and Adena Health System jointly petitioned USAC and the FCC to approve their merger request.

In the final quarter of 2008, the SOHCN board reviewed and offered comments/suggestions on the draft RFP prepared by Reid Consulting Group.

On December 5, 2008, FCC Wireline Competition Bureau Chief Dana R. Shaffer adopted an order accepting the merger request of the HCHS and SOHCN projects. As requested, the order names SOHCN as the successor to the HCHS Pilot Program project.

During the first quarter of 2009, USAC and RCG worked together to review the SOHCN's 465 Package. This often required RCG to act as the liaison between USAC and various SOHCN members to answer USAC's eligibility questions.

Upon successful completion of the 465 review process, the SOHCN's Form 465, 465-Attachment and RFP were posted publicly on March 31, 2009. A mandatory pre-bid web conference was held for all parties interested in responding to the SOHCN RFP on April 10, 2009. The original deadline for RFP responses was May 8, 2009, but upon the request of multiple carriers, that deadline was extended to May 26, 2009.

A scoring retreat was held on May 28, 2009, at the Adena Regional Medical Center. The five-member scoring team discussed and scored the six responses according to the rubric detailed in the RFP. The scoring team included: (1) Adena Manager of Technical Operations Roganne West, (2) Holzer CIO and SOHCN Board Member Morgan Saunders, (3) O'Bleness CIO and SOHCN Board Member Kristine Barr, (4) OARnet Technology Infrastructure Division's Director of Partner Relations Dennis Walsh, and (5) Ohio University Voice & Data Operations Manager Rick Manderick.

The scoring team selected Horizon Telcom to build and operate the SOHCN Phase 1 fiber-optic backbone. Horizon and the SOHCN are currently in contract negotiations to solidify the Master Services Agreement before proceeding with the 466 package. During this negotiation, Horizon and RCG engineers have conducted site surveys of HCPs that will serve as Points of Presence (POPs) for the SOHCN in anticipation of the build.

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RCG uses its SOHCN website, www.sohcn.org, and a SOHCN listserv to periodically update HCPs, carriers, vendors and other stakeholders on the project's progress. On June 10, 2009, the SOHCN widely distributed a press release announcing the Phase I contract award to Horizon.

Coordination with Government:

RCG is in regular contact with USDA Rural Development (both state and federal offices), Governor Strickland's Office of Appalachia, and our region's three ARC local development districts: Ohio Mid-Eastern Governments Association, Buckeye Hills – Hocking Valley Regional Development District, and Ohio Valley Regional Development Commission. All of the above agencies are kept informed of SOHCN's progress.

SOHCN is also in regular contact with the staffs of Rep. Zack Space (OH-18), Rep. Charlie Wilson (OH-6), and Senator Sherrod Brown. All three are adamant that SOHCN's expansion of broadband penetration must benefit not just the health care industry but entire communities throughout our region.

SOHCN has partnered with Congressman Space to advance a set of proposals known as Connecting Appalachia, which will improve health care in our region and deploy broadband infrastructure for economic development and educational purposes.

In February 2009, RCG and SOHCN Board President Marcus Bost travelled to Washington, D.C. for a series of meetings to discuss SOHCN's objectives and progress. We met with representatives from HRSA's Office of Rural Health Policy, FCC's Wireline Competition Bureau, USDA's Rural Development Broadband Division, Congressman Space and Congressman Wilson's offices.

The SOHCN submitted its BTOP/BIP (ARRA broadband programs) proposal for the Connecting Appalachia project on August 20, 2009, which was the final BTOP/BIP deadline for Round One funding applications. In late January 2010, NTIA provided official notification that our Round 1 application was unsuccessful.

In the second and final round of NTIA ARRA funding, Horizon served as the applicant for a revamped middle-mile proposal entitled the Connecting Appalachian Ohio – Middle Mile Consortium (CAO-MMC), one of three integrated, regional BTOP proposals that comprise Ohio's comprehensive plan for a statewide broadband network. The SOHCN is a partner in the CAO-MMC endeavor. In August of 2010, NTIA provided official notification that the application had been successfully awarded.

Collaborations between SOHCN, Reid Consulting Group and Horizon have led to outreach across the 34 county area, engaging healthcare facilities across the region.

Coordination with Technology Community:

SOHCN's Ohio Academic Resources Network (OARnet, formerly known as OSCnet) liaison is Dennis Walsh, OARnet's Chief Relationship Officer. As stated above, Walsh was an invaluable member of the scoring team that selected the winning bid for SOHCN Phase 1.

More recently, OARnet Executive Director Pankaj Shah has joined SOHCN's Connecting Appalachia management team. SOHCN's partnership with OARnet is invaluable, as OARnet

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can provide our network with backhaul to Tier 1 NSPs, in-state bandwidth and high-caliber engineering talent as we continue to grow.

Additionally, RCG President Tom Reid participates in a weekly conference call with Internet2 staff, partners and stakeholders. SOHCN understands the importance of staying connected and coordinated with nationwide data networks.

II: List of Health Care Facilities Included in the Network

Please see the attached Excel spreadsheet for a list of participating sites, addresses and all requested information on each.

III. Network Narrative

SOHCN has retained Reid Consulting Group to administer the network design and build. Reid Consulting Group specializes in data network planning, construction and maintenance. President Tom Reid has contracted with a network engineer, and they prepared the RFP and facilitated the carrier selection process.

RCG drafted the following network design narrative which details changes that have been made to SOHCN's original RHCPP proposal over the course of the currently ongoing Master Services Agreement (MSA) negotiation with Horizon Telcom. We will update this narrative upon the completion of contract negotiations.

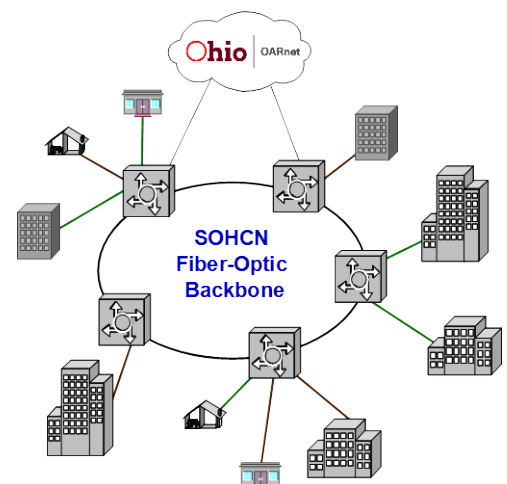


Network Narrative

a. Description of the Backbone

The FCC-funded Southern Ohio Health Care Network (SOHCN) will:

- + Deliver metropolitan-class fiber-based broadband in rural towns and villages, using a dense wave division multiplexing (DWDM) foundation, offering point-to-point (Layer 2) connections ranging in speed from 1 Gbps to 10 Gbps.
- + Add a diverse routing core to the DWDM fabric to provide any-to-any (Layer 3) connections ranging in speed from 1.5 Mbps to 1 Gbps.
- + Provide high capacity backhaul to Tier 1 Network Service Providers via redundant 10 Gbps DWDM wavelength services provided by the Ohio Academic Resources Network (OARnet).
- + Peer with OARnet's Layer 3 network to provide high performance in-state



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access for urban health care providers, universities and government.

b. How Health Care Providers Will Connect

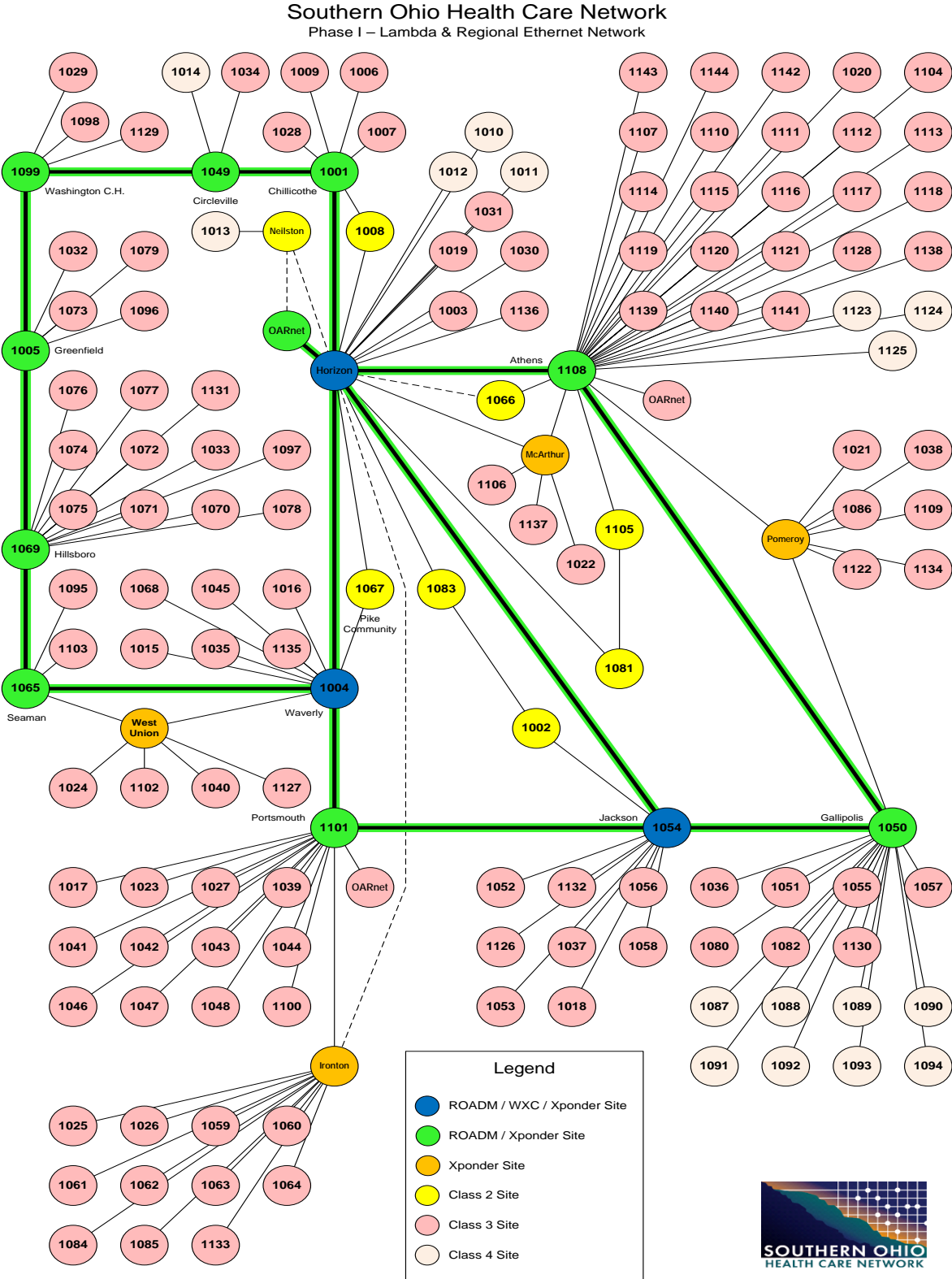
Physical Considerations

SOHCN will deploy a total of 3 interconnected fiber rings, each benefiting from 100% route diversity (minimum geo-path separation of 100 feet). These rings will provide the foundation for last-mile options in both the fiber-optic and wireless implementations. The POPs, most to be hosted in computer rooms of regional medical centers, will be served by diverse entry to the facility (minimum separation of twenty feet at building entrance).

The 24-strand fiber cables for the trunk routes will allow expansion capacity and provide splice junctions to shorten the distance of last-mile fiber runs to smaller facilities and network-to-network interconnection links. A large majority of the fiber runs for SOHCN will be aerial, attached to existing power poles. Current state-of-the-art cable construction and suspension practices make aerial fiber as reliable as buried cable, while dramatically speeding installation and simplifying right-of-way processes.

III. Network Narrative
(continued)

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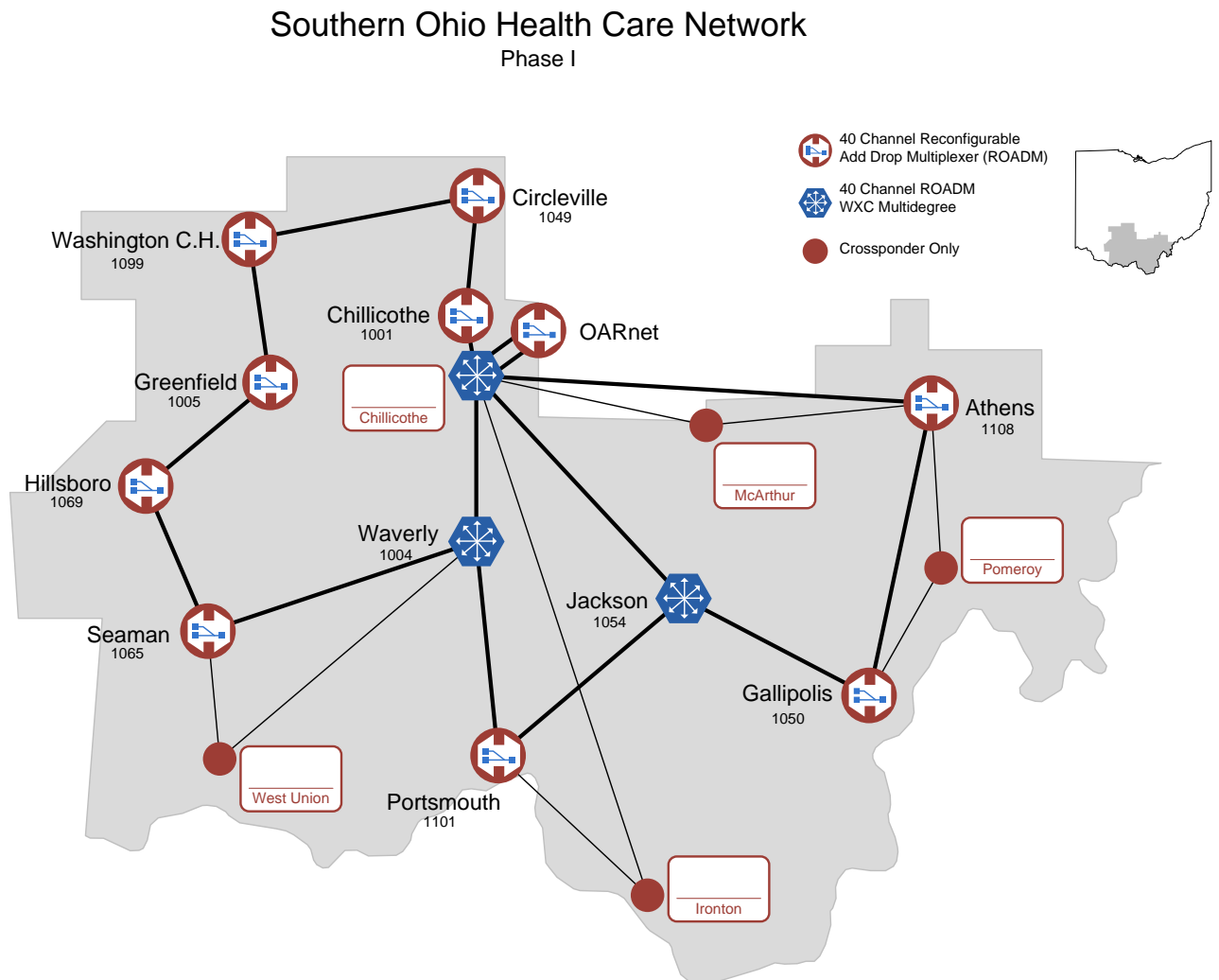
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III. Network Narrative (continued)

Layer 2 Design

SOHCN will use Cisco equipment to light the fiber rings with fully redundant 40-channel DWDM-15454 components. Reconfigurable optical add/drop multiplexing (ROADM) hardware in each POP will provide a flexible optical fabric across all of the rings. Cisco's Crossponder technology will extend the Ethernet core over the DWDM network to every POP. The Crossponders integrate a 20-port Gigabit switch with dual DWDM uplinks, which we will connect to separate lambdas to increase capacity and improve reliability. The network will deliver point-to-point (Layer 2) fiber-optic connections ranging in speed from 1 Gbps to 10 Gbps (and will support future 40 Gbps links).



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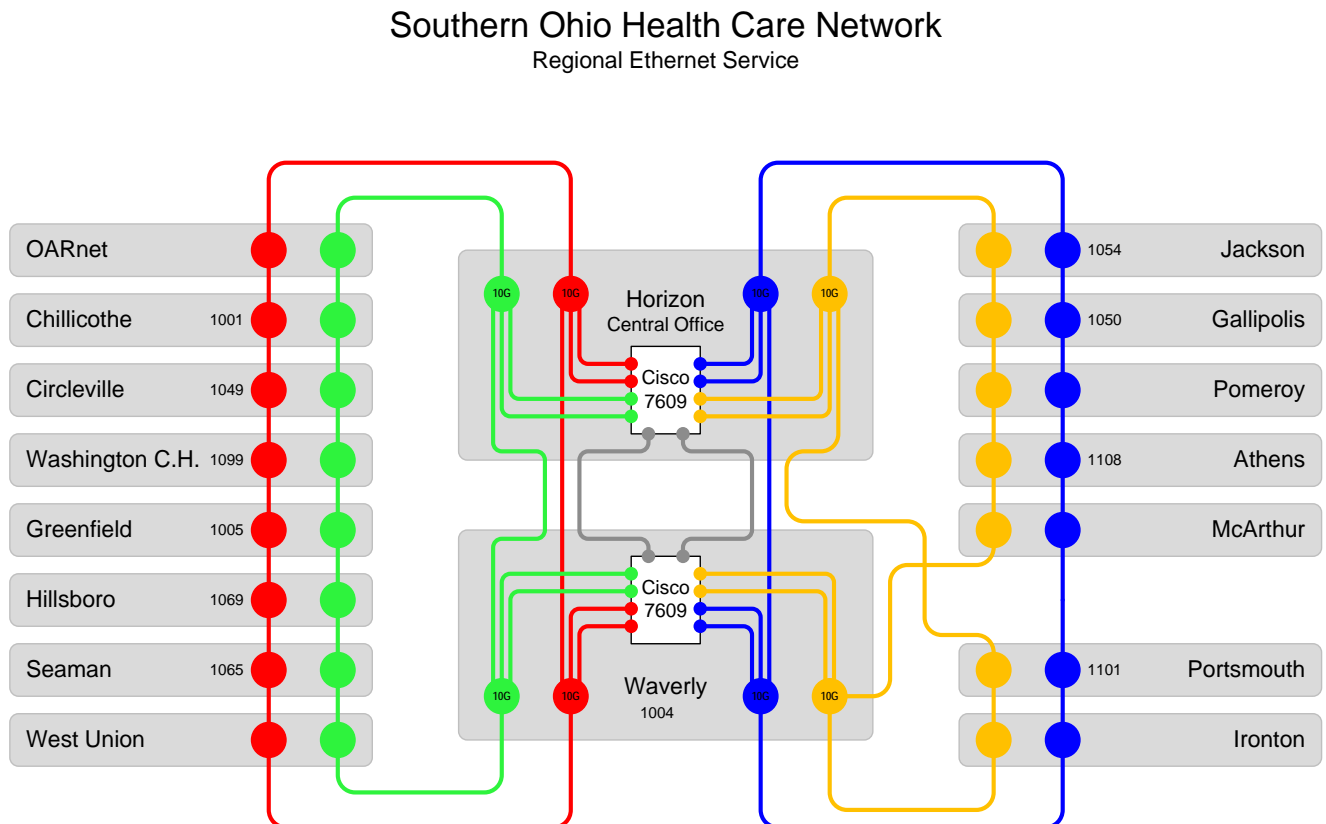
III. Network Narrative (continued)

Layer 3 Design

To provide any-to-any (Layer 3) services, we will deploy geographically dispersed and redundant Cisco 7609-S routers to provide any-to-any (Layer 3) fiber-optic connections ranging in speed from 1.5 Mbps to 1 Gbps. As traffic increases, additional router cores will be added to support the growth, maintaining both low latency and high packet delivery rates. Rates for service will anticipate the need for future growth in capacity and lifecycle replacement requirements.

Crossponder Flexibility

The innovative crossponder technology features dual lambda interconnection, providing 0% oversubscription in our load profiles. Interconnected to the routers and the DWDM fabric, the crossponders can provide 1 Gbps Layer 2 or Layer 3 services.



III. Network Narrative (continued)

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c. Connection to a National Backbone

The SOHCN will connect to the Ohio Academic Resources Network (OARnet) in at least two locations, Chillicothe and Athens, at speeds of up to 2.5 Gbps. OARnet will provide high-speed in-state connectivity to urban health centers and universities. OARnet is also Ohio's regional connector for Internet2. The membership of the SOHCN, though, has not yet committed to joining Internet2 due to the associated ongoing costs. Deliberations continue among the members regarding the cost-benefit analysis of Internet2 membership. As Internet2 continues to demonstrate its value and barriers to inter-state medical cooperation decrease, we believe the membership will opt to join Internet2.

d. Number of Miles of Fiber to be Constructed

The SOHCN will purchase Indefeasible Rights to Use (IRU) on both newly installed fiber and existing fiber. The fiber assets will include backbone and last mile connections. We are currently working with Horizon to create the completed list of fiber assets that will provide a detailed inventory.

e. Network Management and Maintenance

Under a Master Services Agreement with the SOHCN, Horizon will manage the entire network. The SOHCN will have read-only access into the management tools to verify compliance with all performance requirements as defined in the Horizon RFP response.

IV. List of Connected Health Care Providers

SOHCN does not yet have any health care providers that are connected to the network and operational. There are signed contracts for service once the network is lit.

V. Non-Recurring and Recurring Costs

Under the MSA currently being negotiated by SOHCN and Horizon Telcom, FCC RHCPP funding and the required 15% match will not be used for any recurring costs. SOHCN member facilities will be responsible for paying all recurring costs of their connectivity to the network, but these monthly service rates will be greatly reduced from standard commercial rates because of the capital buydown made possible by the SOHCN paying for its fiber infrastructure upfront. The vast majority of the RHCPP award and match will be used to purchase Indefeasible Rights to Use (IRU) both newly installed fiber and existing fiber. The fiber assets will include the SOHCN backbone and all last mile connections to eligible HCPs.

No actual RHCPP eligible costs have been incurred this fiscal quarter or yet this funding year. Here are the **budgeted, non-recurring** costs we will be using RHCPP funds and

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match to cover, broken down by each of the seven expense categories listed in paragraph 5 of Appendix D of the *2007 RHC Pilot Program Selection Order*:

- a. Network Design: \$0
- b. Network Equipment, including engineering and installation: \$0
- c. Infrastructure Deployment/Outside Plant
 - i. Engineering: \$0
 - ii. Construction: \$18.4 Million to purchase fiber IRUs with 20-year term plus 10-year renewal option for \$1.
- d. Internet1, NLR, or Public Internet Connection: \$0
- e. Leased Facilities or Tariffed Services: \$0
- f. Network Management, Maintenance, and Operation Costs (not captured elsewhere): \$0
- g. Other Non-Recurring and Recurring Costs: \$0

VI. Apportioned Costs & Funding Sources to Pay Them

SOHCN will not be able to initiate the process of apportioning costs until the Master Services Agreement with Horizon has been finalized. However, here are preliminary responses broken down by required response sections (a) – (d):

a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

As explained in Section V above, RHCPP funds and match will be used to purchase all SOHCN fiber infrastructure. The fiber IRU documentation will list each fiber link described by: facility served; distance of fiber run, type of fiber, year installed (if fiber already exists), strand count included in IRU, dollar value for the fiber run.

SOHCN members' recurring, monthly service charges for connectivity are identified in the rate tables found in Horizon Telcom's RFP response. There are different rate table for eligible and ineligible entities.

Each SOHCN member will decide which speed/level of service to subscribe to based on the facility's needs and budget. The HCP will then pay the monthly charge indicated on its respective Horizon rate table. In addition, each SOHCN member will be charged a 7% monthly membership surcharge as detailed below in (b).

b. Describe the source of funds from:

- i. **Eligible Pilot Program network participants:** Each participant's monthly connectivity cost will be identified and apportioned as described above. It will be paid directly to Horizon, and will presumably come from the health care facility's operating budget. In addition, the participant will pay a 7% SOHCN Membership Monthly Surcharge; this fee will be put toward paying off Adena's \$2.78M loan to the SOHCN for the RHCPP's required 15% match. For example, if an eligible participant decides it needs a 100 Mbps connection, the Horizon rate

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table lists the monthly cost as \$666.67, which means the facility's SOHCN membership monthly surcharge will be \$46.67.

- ii. **Ineligible Pilot Program network participants:** Ineligible participants will identify their monthly cost as outlined above using Horizon's rate table for ineligible sites. These monthly rates are higher than those for eligible sites, and ineligible sites must also pay last-mile fiber installation costs. Ineligible sites must also pay the 7% SOHCN Membership Monthly Surcharge detailed above. Again, presumably, these funds will come from the HCP's operating budget.

- c. **Show contributions from all other sources:** The SOHCN fiduciary agent, Adena Health System, has contributed approximately \$443,718 to date for project costs not covered by the RHCPP fund and match. These costs include project management, RFP creation and the ensuing bidding process, as well as member outreach and supplying public information.

Adena has also agreed to loan the SOHCN the \$2.78M match required by the RHCPP because financial hardship in our economically distressed region of Appalachia precluded individual members from being able to contribute their share of the 15% match.

- i. **Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants:** Adena is the largest regional health system in SOHCN Phase I. Despite severe economic instability nationwide, Adena has been able to maintain its financial stability and posted a net revenue of \$293 million last year. Adena supports the SOHCN because it believes increased collaboration and economic development in our region will help Adena grow and remain financially healthy.

The 7% SOHCN Membership Monthly Surcharge will eventually enable Adena to recoup its \$2.78 million loan to the SOHCN to pay the RHCPP-required 15% match.

- ii. **Identify the respective amounts and remaining time for such assistance:** SOHCN's current financial projections estimate that the SOHCN will be self-sustaining by the end of 2011. Until then, Adena has budgeted to cover the remaining SOHCN implementation tasks through Dec. 2010.

- d. **Explain how the selected participant's minimum 15% contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program:** The SOHCN's 15% match contribution is just as important to the success of the project as its \$15.76 million RHCPP award. Both are necessary to procure the 20-year fiber IRUs that constitute the Southern Ohio Health Care Network backbone and last-mile connections. This critical infrastructure will allow us to achieve the goals we share with the Pilot Program: a robust regional broadband health care network that supports electronic health records, telemedicine, continuing medical education via distance learning, and ties into the National Health Information Network being developed by HHS.

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VII. Requirements & Procedures Necessary for Ineligible Entities' Network Participation

All ineligible sites listed in Section II are owned by or in some way affiliated with SOHCN's eligible agencies. Ineligible sites have only been included in the SOHCN because they are integral to the operation of regional health care agencies made up mostly of RHCPP-eligible facilities. Horizon has offered to provide the last-mile fiber connections to these sites at no cost if they elect to subscribe to SOHCN services in the first six months that services are available at a given location. Horizon makes this offer in order to generate early revenues, as an incentive for these sites to link to the network.

VIII. Updates to Project Management Plan

A. As stated above, during the second quarter of 2008, the Southern Ohio Health Care Network was incorporated as a 501(c)(3). SOHCN formed a Board of Directors and elected officers.

In the fourth quarter of 2008, the FCC approved the merger request of the Southern Ohio Health Care Network and Holzer Consolidated Health Systems. The resulting joint project will fulfill the objectives stated in **both** original funding proposals.

There were no changes to the project's management structure made in the first quarter of 2009. In the second quarter of 2009, the SOHCN bylaws were amended and the Board of Directors composition was altered accordingly (See Section I. A. of this report.). No additional changes were made in the third or fourth quarters of 2009. In the first quarter of 2010, a SOHCN Board annual meeting included officer elections (See Section I. A. of this report for results.). There were no changes made to the project management plan or leadership in the second quarter of 2010. There were no changes made to the project management plan or leadership in the third quarter of 2010.

B. Project Plan/Schedule

In previous quarterly reports we have included the schedule for SOHCN Phase 2 development. However, when SOHCN completed the bid process for Phase 1 during the second quarter of 2009, we learned definitively that Phase 2 will require a second round of RHCPP funding. Since that time, we have reconfigured our project work plan and schedule to only include the remaining benchmarks for Phase 1 completion.

<u>Year:</u>	<u>Quarter:</u>	<u>Objectives</u>
2010	3 rd	Completed Contract Negotiations w/Horizon
2010	3 rd	Completed & Post 466 Package
2010	3 rd	Implemented Phase 1 network build
2010	4 th	Phase I network build continued
2011	1 st	Phase I network build continues
2011	2nd	Chillicothe Rings Operational and Fully Redundant

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		Adena Facilities Operational Adena Data Replication Link Available Chillicothe OARnet POP Interconnected OARnet Peering Arrangements Established South Ring Operational Jackson Ring Operational O'Bleness Memorial Hospital Operational via Temporary Ring Existing O'Bleness HS Network Interconnected Existing Holzer HS Network Interconnected Existing Holzer Clinic Network Interconnected Existing SOMC Network Interconnected All Peering Arrangements Established Participating Ross County Class 3 Facilities Connected
2011	3rd	South Ring Fully Redundant Jackson Ring Fully Redundant Holzer Medical Center – Gallipolis Operational Holzer Data Replication Link Available Berger Hospital Operational Fayette Memorial Hospital Operational Existing Berger HS Network Interconnected All Other OARnet POPs Interconnected (As Desired)
2011	4th	East Ring Operational and Fully Redundant Athens Local Ring Operational and Fully Redundant Nelsonville Doctor's Hospital Operational
2012	1 st	Highland District Hospital Operational Adams County Regional Medical Center Operational Ironton Fiber Route Completed 25% of Class 3 and 4 Facilities Connected
2012	2 nd	West Ring Operational and Fully Redundant 50% of Class 3 and 4 Facilities Connected
2012	3 rd	All Participating Class 3 and 4 Facilities Operational

Explanation of Missed Milestones & Delay Between Contract Award and 466 Filing:

In previous quarterly reports, we stated a goal of having contract negotiations completed with Horizon Telcom and posting the 466A Package by the end of June 2010. Contract negotiations have proven more complex than anticipated, and as the SOHCN fiduciary agent, Adena Health System is painstakingly creating a business plan to ensure the network's sustainability. The Adena finance team has been in consultation with several financial advisors, accountants and others to devise the best method for handling the impact

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of SOHCN asset depreciation on SOHCN's income statement and balance sheet. Horizon and SOHCN have also taken this time to carefully negotiate the fiber-optic backbone's IRU values, terms and conditions.

Though contract negotiations and financial planning have taken longer than we expected, the complexities of obtaining a feasible source for the \$2.78 million match presented a serious obstacle to our project's progress. While we had been pursuing many avenues to attain the required 15% match since the FCC notified SOHCN of its RHCPP award, we did not know how desperate the economic situation would become as a result of the global financial crisis that began in 2008. However, the Adena Board of Directors approved its Finance Committee's recommendation to lend the SOHCN the required match funds, so we should be able to progress on this front without further delay.

We narrowly missed our self-imposed deadline for completion of contract negotiation stated in the last quarterly report and have executed all elements of the contract between SOHCN and Horizon during the third quarter of this year. The MSA and 466 package have been filed and accepted.

We are prepared for receipt of the funding commitment letter, looking forward to beginning work on the network. The FCL is the last anticipated piece of the puzzle that is needed for our work to begin.

IX. Network's Self-Sustainability

With the expectation completion of contract negotiations and filing our 466A, Reid Consulting Group has prepared the following SOHCN Sustainability Plan. It has been included in our 466A package. This sustainability plan details SOHCN members' monthly recurring cost savings over the course of the next ten years.

X. Network's Role in Advancing Telemedicine

Given that our network has yet to be built, we have not had a measurable impact on telemedicine in our part of the state. However, in late September 2008, we were notified that our proposal to the USDA Rural Development's Distance Learning & Telemedicine program was successful. The \$277,695 grant award (with an additional 15% match from applicant Adena) will provide four SOHCN health care facilities in our poorest, most rural areas with telemedicine equipment and training. We submitted a 2009 USDA DLT proposal this March and were informed in early October 2009 that it too will receive funding. The 2009 award provides an additional \$226,467 in USDA Rural Development funds to bring telemedicine equipment to eight more SOHCN sites. When our RHCPP project is completed, these 12 HCPs will have the fiber bandwidth they need to participate in cutting-edge telemedicine with HD videoconferencing.

XI. Compliance with HHS Health IT Initiatives

We have not completed the network build yet. However, all network architecture plans made to date comply with all HHS initiatives and interoperability standards in order to support the creation of the Nationwide Health Information Network. The SOHCN is

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designed as a standards-based network with open architecture that allows peering to multiple Tier 1 service providers.

When the SOHCN is fully operational, it will be a tremendous support for our fledgling RHIO, the Appalachian Health Information Exchange (AHIE). AHIE has been floundering without broadband connectivity in Southern Ohio. The SOHCN will provide for sharing of electronic health records and public health information regionally, and it will peer with OARnet's Layer 3 network to provide high-performance in-state access to urban health care providers, universities and government.

XII. Coordination with HHS in Public Health Emergencies

When the SOHCN is fully operational, it will provide – for the first time in Appalachian Ohio – a high-capacity, fully redundant fiber-optic infrastructure allowing our region's health care providers to take part in a nationally orchestrated response to health emergencies. The SOHCN's physical fiber route diversity and disaster recovery data replication links make the network a reliable and dependable source of connectivity even in times of crisis and natural disasters.

The SOHCN will provide broadband connectivity to all health departments in our service area, which is critical as health departments provide the first line of defense during public health emergencies. In addition, the uniform telemedicine equipment packages, videoconferencing, and web-based synchronous and asynchronous (featuring persistent virtual rooms) communication capabilities being funded by USDA Distance Learning & Telemedicine projects will run on SOHCN connectivity and further equip medical personnel to coordinate emergency responses.

At the heart of the SOHCN, Adena's PACCAR Medical Education Center (www.adenapaccar.com) continues to perform groundbreaking health care quality research that, when disseminated to SOHCN members via the network's broadband connectivity, will improve our region's ability to effectively respond to public health emergencies. While we hope to never encounter public health emergencies in our region, we are confident that the connectivity an operational SOHCN will provide our participating health care facilities will enable them to fully cooperate with HHS and its Centers for Disease Control and Prevention in any crisis.



WC Docket No. 02-60

Sustainability Plan

Revised: 28 December 2010

On behalf of RHCPP Recipients

Adena Health System – Chillicothe, Ohio

Holzer Health Systems – Gallipolis, Ohio

O'Bleness Health System – Athens, Ohio

and

All SOHCN Members

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The SOHCN Inc. is a 501(c)(3) operated by an independent board under the fiduciary oversight of the Adena Health System Inc., 272 Hospital Road, Chillicothe, Ohio 45601

1. **Minimum 15% Funding Match: Discuss status of obtaining minimum 15% match for the project. If such project funding is dependent on appropriations or other special conditions, such conditions should be discussed.**

The Adena Health Systems Board of Directors has agreed to shoulder the responsibility for the entire 15% match from existing cash assets for the Southern Ohio Health Care Network (SOHCN). This funding, free from stipulations, is coming from the health care provider's own internal capital funds.

2. **Projected sustainability period: Indicate the sustainability period and how it compares to the initial investment. Although a sustainability period of 10 years is generally appropriate, the period of sustainability should be commensurate with the investments made with Pilot Program funds.**

The Master Services Agreement (MSA) between Chillicothe Telephone Company (aka "Horizon") and SOHCN provides access to discounted services at defined service levels for a period of twenty (20) years. In addition to the commitment for discounted services under the MSA, SOHCN also received an Indefeasible Right to Use (IRU) interest in certain portions of the underlying infrastructure for a period of 20 years. Combined, these commitments ensure SOHCN can continue to provide the benefits of the Pilot Program investment to its members for the 20 year term.

In the event Horizon, for whatever reason, is unable to fulfill its obligations under the MSA, SOHCN will retain the IRU interest and continue to be able to provide the benefits of the Pilot Program to its members. Pursuant to the MSA, Horizon will provide all required fiber maintenance services at no additional cost to the SOHCN. The twenty-year term of the MSA maintains the favorable SOHCN pricing for the member HCPs for services that range from 10 Mbps to 10 Gbps. For an organization that starts with a 10 Mbps connection, this means they can grow their bandwidth 1,000-fold within the initially provided SOHCN rates.

Network Connection Agreements between the individual health care providers and Horizon will carry ten (10) year terms. This ten-year duration reflects the:

- Length of time used to calculate the discount value derived from the HCP based on the discounted SOHCN rate table;
- The maximum term generally pursued in telecom contracts.

Sustainability at the HCP Level

In addition to providing discount broadband pricing, the connectivity enabled through the FCC funding for the SOHCN will support the sustainability of each participating eligible Health Care Provider's connection to SOHCN through:

- Efficiencies gained from use of hosted electronic health records;
- More effective sharing of medical expertise and information;
- Increased revenue for rural HCPs associated with keeping patients in the community through critical and intensive care consultations from urban medical centers using HDTV quality picture and sound;

- Communities of interest sharing best practices, responding to public health emergencies and delivering continuing medical education.

3. **Principal factors: Discuss each of the principal factors that were considered by the participant to demonstrate sustainability. These factors should be discussed in narrative, and (if appropriate) shown in proposed budgets.**

Principal factors for sustainability include local commitment and leadership, favorable rates that will be capped for the 20-year life of the project, an affordable surcharge to fund SOHCN operations, economics that favor widespread adoption of the SOHCN services, and coverage by Horizon of all network maintenance costs.

The SOHCN reflects a substantial financial commitment and leadership from *within* the rural service region, building upon a high level of cooperation and trust. The project has the full support from the three largest non-profit health care systems in the region: Adena Health System, O'Bleness Health Systems, and Holzer Consolidated Health System. All of these health care entities are founding members of the SOHCN and all hold seats on the board. In addition to helping to found the SOHCN, Adena Health System has agreed to shoulder the responsibility for the entire 15% match from existing cash assets.

The SOHCN project has partnered these SOHCN members with an experienced telecommunication carrier, Horizon, who will operate the network that will serve SOHCN members. A favorable rate table will allow SOHCN members to meet their telecommunications needs within their existing budget resources. The MSA between Horizon and the SOHCN will retain this favorable pricing for a period of twenty years.

On-going SOHCN management costs will be funded through a 7% surcharge on what the SOHCN member spends on telecommunications with Horizon. Horizon will invoice this surcharge as a separate line item on the SOHCN members' monthly invoices and remit the resulting income to the SOHCN on a monthly basis.

We expect expenses currently being used for existing T-1s and other communications facilities will be committed to the SOHCN project. One way this will be encouraged is Horizon is offering to pay termination fees for existing non-Horizon data connections up to an amount equal to six months of the recurring monthly rate for the SOHCN services. Most health care entities are running their existing contracts long enough so that these credits will cover any remaining early termination fees. In addition, SOHCN members may replace existing Horizon services with the SOHCN services under the Network Connection Agreement's "fresh look" provision.

As part of the consideration for the right to use the IRU fiber in the provision of services to SOHCN as set forth in the MSA, Horizon assumed the obligation of the maintenance costs associated with the IRU Fiber .

Under the MSA Horizon has committed to provide the SOHCN members with the services at the rates and services levels defined therein. Horizon is not excused from delivering the services as the defined levels because of problems with the IRU fibers or the electronics associated therewith. Accordingly, Horizon solely bears the financial burden of to upgrade the equipment as required to meet the stringent performance requirements.

Sustainability Plan

Projected 20 Year SOHCN Budget

	Project Year 1	Project Year 2	Project Year 3	Project Year 4	Project Year 5
Revenues					
SOHCN Member Fees	\$ 70,165	\$ 88,497	\$ 106,829	\$ 115,375	\$ 124,605
Horizon Charges for Bandwidth	\$ 691,224	\$ 815,007	\$ 938,790	\$ 1,062,573	\$ 1,186,356
Total Revenues	\$ 761,389	\$ 903,504	\$ 1,045,619	\$ 1,177,948	\$ 1,310,961
Expenses					
SOHCN Operations	\$ (98,600)	\$ (104,780)	\$ (111,839)	\$ (119,310)	\$ (126,729)
Payments to Horizon for	\$ (691,224)	\$ (815,007)	\$ (938,790)	\$ (1,062,573)	\$ (1,186,356)
Total Expenses	\$ (789,824)	\$ (919,787)	\$ (1,050,629)	\$ (1,181,883)	\$ (1,313,085)
Net Income	\$ (28,435)	\$ (16,283)	\$ (5,010)	\$ (3,935)	\$ (2,124)
	Project Year 6	Project Year 7	Project Year 8	Project Year 9	Project Year 10
Revenues					
SOHCN Member Fees	\$ 129,590	\$ 133,477	\$ 140,151	\$ 147,159	\$ 154,517
Horizon Charges for Bandwidth	\$ 1,310,139	\$ 1,642,379	\$ 1,974,620	\$ 2,306,860	\$ 2,639,100
Total Revenues	\$ 1,439,729	\$ 1,775,857	\$ 2,114,771	\$ 2,454,019	\$ 2,793,617
Expenses					
SOHCN Operations	\$ (130,531)	\$ (134,447)	\$ (138,481)	\$ (142,635)	\$ (146,914)
Payments to Horizon for	\$ (1,310,139)	\$ (1,642,379)	\$ (1,974,620)	\$ (2,306,860)	\$ (2,639,100)
Total Expenses	\$ (1,440,670)	\$ (1,776,826)	\$ (2,113,100)	\$ (2,449,495)	\$ (2,786,014)
Net Income	\$ (942)	\$ (970)	\$ 1,671	\$ 4,524	\$ 7,603
	Project Year 11	Project Year 12	Project Year 13	Project Year 14	Project Year 15
Revenues					
SOHCN Member Fees	\$ 160,697	\$ 165,518	\$ 173,794	\$ 182,484	\$ 191,608
Horizon Charges for Bandwidth	\$ 2,971,340	\$ 3,035,055	\$ 3,098,770	\$ 3,162,485	\$ 3,226,200
Total Revenues	\$ 3,132,038	\$ 3,200,574	\$ 3,272,564	\$ 3,344,969	\$ 3,417,808
Expenses					
SOHCN Operations	\$ (151,321)	\$ (155,861)	\$ (160,537)	\$ (165,353)	\$ (170,314)
Payments to Horizon for	\$ (2,971,340)	\$ (3,035,055)	\$ (3,098,770)	\$ (3,162,485)	\$ (3,226,200)
Total Expenses	\$ (3,122,662)	\$ (3,190,916)	\$ (3,259,307)	\$ (3,327,838)	\$ (3,396,514)
Net Income	\$ 9,376	\$ 9,657	\$ 13,257	\$ 17,131	\$ 21,295
	Project Year 16	Project Year 17	Project Year 18	Project Year 19	Project Year 20
Revenues					
SOHCN Member Fees	\$ 199,272	\$ 205,251	\$ 215,513	\$ 226,289	\$ 237,603
Horizon Charges for Bandwidth	\$ 3,289,915	\$ 3,366,986	\$ 3,444,057	\$ 3,521,129	\$ 3,598,200
Total Revenues	\$ 3,489,187	\$ 3,572,237	\$ 3,659,571	\$ 3,747,418	\$ 3,835,803
Expenses					
SOHCN Operations	\$ (175,423)	\$ (180,686)	\$ (186,106)	\$ (191,689)	\$ (197,440)
Payments to Horizon for	\$ (3,289,915)	\$ (3,366,986)	\$ (3,444,057)	\$ (3,521,129)	\$ (3,598,200)
Total Expenses	\$ (3,465,338)	\$ (3,547,672)	\$ (3,630,164)	\$ (3,712,818)	\$ (3,795,640)
Net Income	\$ 23,849	\$ 24,565	\$ 29,407	\$ 34,599	\$ 40,163

4. **Terms of Membership in the Network: Describe generally any agreements made (or to be entered into) by network members (e.g., participation agreements, memoranda of understanding, usage agreements, or other documents).**

IRU Agreement. In consideration for the payment of fees by SOHCN to Horizon, Horizon shall grant SOHCN an indefeasible right to certain fibers ("IRU Fiber") for a period of 20 years.

Master Services Agreement. In consideration for a grant by SOHCN to Horizon of a right to use the IRU Fiber in the provision of Services to SOHCN Participants, Horizon has agreed to provide SOHCN Participants with Services at the discount rates and the service levels set forth in the Master Services Agreement (incorporating the RFP Response) for a term of 20 years from the closing date of the IRU Fiber.

Participation Agreement. In consideration for the payment of a participation fee to SOHCN equal to 7% of the SOHCN Participant's monthly recurring charges, SOHCN Participant shall get access to the Services at the discounted rates negotiated by SOHCN and stated in the MSA ("SOHCN Rates").

Network Services Agreement. In consideration for the SOHCN Participants payment of the SOHCN Rates, SOHCN Participant shall receive Services from Horizon with the qualitative attributes and service levels negotiated by SOHCN.

5. **Describe financial and/or time commitments made by proposed members of the network.**

The SOHCN enjoys the support from the three largest non-profit health care systems in the region: Adena Health System, O'Bleness Health System and Holzer Consolidated Health System.

- Adena has paid all of the project administrative and legal costs including consultants, accountants, lawyers and the cost of establishing the non-profit corporation as well as contributed substantial internal resources.
- Adena has invested a significant amount of executive time to the formation of the SOHCN, program management, financial analysis, meetings with other HCPs and project management.
- Holzer elected to merge its separate \$1.8 million Pilot project with the SOHCN, demonstrating their faith in and support for the philosophy and goals.
- Both Holzer and O'Bleness actively participate as members of the SOHCN Board of Directors.
- Adena Health System has agreed to pay the responsibility for the entire 15% match from existing cash assets.
- Adena has agreed to make-up the projected SOHCN operating losses during the first three years of network operations.
- SOHCN members have agreed to pay the 7% surcharge on their SOHCN-based telecommunications services so that the SOHCN can:
 - Monitor Horizon's compliance with the MSA

- Promote increased participation in SOHCN
- Serve as an “ombudsman” for members in the event of conflicts or contractual disputes with Horizon
- Form and convene advisory groups from among SOHCN members
- Conduct annual member satisfaction and needs analysis surveys
- Negotiate new and improved services with Horizon
- Handle required government reporting and program audits

6. If the project includes excess bandwidth for growth of the network, describe how such excess bandwidth will be financed.

From a pre-paid lease perspective, there is no excess bandwidth within the scope of the project because HCPs are obtaining only the services and connections necessary to meet their current needs.

Because SOHCN acquired an IRU from Horizon, SOHCN was able to participate in the design of the network and has visibility into the capacity of both the IRU fiber specifically as well as generally available in the non-IRU elements of the Horizon network used in the provision of the services. Horizon has designed its current network to meet both current and future anticipated needs of the SOHCN participants without upgrading electronics. In the event of extensive growth, Horizon will have the ability to deploy multiplexing technology to support the increased demands on the network.

7. If the network will include eligible health care providers and other network members, describe how fees for joining and using the network will be assessed.

The SOHCN elected to include only the eligible health care sites in the IRU arrangement with Horizon. Ineligible health care providers will negotiate directly with Horizon to determine the cost for fiber to connect to the network. Lateral fiber runs generally cost between \$15,000 and \$20,000 per mile. Horizon will deal with service requests on a case-by-case basis in direct negotiation with the ineligible health care providers. Thus despite including ineligible HCPs in our 465 filing, only eligible HCPs are included in our 466 filing for acquisition of the IRUs. The ineligible HCPs will not share in the property rights of the IRUs for the backbone.

Once connected to the network, the ineligible HCPs will pay a minimum 10% higher monthly recurring charge for use of the network. Once connected to the Horizon network, the ineligible non-health care entities will pay higher market rates for connectivity based on Horizon’s own business model. At the low-end of the rate sheet the spread is not very large, but when you reach the 100 Mbps connectivity level, businesses will pay 450% more than eligible health care entities. Payment by ineligible HCPs of their own lateral fiber runs and market rates for recurring services ensures they are not receiving discounted rates.

For other ineligible non-health care entities such as government offices, businesses and schools, Horizon has established a rate sheet reflecting competitive commercial (market) rates with some modest discounting for critical community facilities. The SOHCN is not a party in the transactions other than having requested a rate sheet for ineligible entities as part of the RFP process.

8. **Excess Capacity:** If the project includes excess capacity to be used for any purpose other than the dedicated health care network, explain the funding for such excess capacity.

The SOHCN project does not include any excess capacity. (See #6 above.)

- (i) **indicate how users of such excess capacity are paying their fair share:**

Not applicable to the SOHCN.

- (ii) **describe generally agreements made between the health care network portion of the project and the excess capacity portion of the project (e.g., cost allocation, sharing agreements, maintenance and access, ownership).**

Not applicable to the SOHCN.

9. **Ownership Structure:** Explain who will own each material element of the network, and arrangements made to ensure continued use of such elements by the network members for the duration of the sustainability period.

The SOHCN consists foremost of the right of SOHCN members to purchase connections and services from Horizon at discounted rates that are capped for the 20-year sustainability period. However, SOHCN will obtain the right to use fiber (in the form of an IRU) the purpose of which is to ensure SOHCN members have the continued benefit of discounted connections services for the 20-year sustainability period in the event Horizon, for whatever reason, is unable to deliver those services. Accordingly, ownership of the facilities that will be used to provide the SOHCN network connections and services is as follows:

Indefeasible Right to Use (IRU): This contract will be between the SOHCN and Horizon to define the IRU assets and terms of use. Through the IRUs, the SOHCN will retain rights to sufficient IRUs to serve the eligible HCPs which, pursuant to the MSA, the SOHCN will light only in the event of default by Horizon (or other triggering event). The maintenance cost associated with IRU assets will be covered by Horizon for as long as the MSA is in effect.

Network Electronics: The electronics necessary to provide the SOHCN connections and services will be owned, operated and maintained by Horizon.

Fiber Sheath and Remaining Fibers: The fiber sheath and remaining fibers are not part of the SOHCN and as such will be owned and maintained by Horizon.

10. **Sources of Future Support:** If sustainability is dependent on

- a. **fees to be paid by eligible health care providers – then, describe generally the health care providers' commitments and ability to pay such fees;**

On-going SOHCN management costs will be funded through a 7% surcharge on what the SOHCN member spends on telecommunications with Horizon. Horizon will invoice this surcharge as a separate line item on the SOHCN members' monthly invoices and remit the

Sustainability Plan

resulting income to the SOHCN on a monthly basis.

In most cases, the member health care providers already have legacy and expensive T-1 or multiple T-1 service. The SOHCN rates offer 10 Mbps at a cost of only \$400 per month, providing six times the bandwidth for less than the cost of a T-1. For this reason SOHCN believes SOHCN members will have no difficult or objection to paying the 7% surcharge. Based on this rate table we are seeing considerable interest by potential SOHCN members as reflected by their execution of Network Connection Agreements.

Contracts Negotiated in First Month of Sales					
HCP	Facility	Class	SOHCN Facility ID	465 Facility ID	Starting Bandwidth in Mbps
Adena Health System	Regional Medical Center	1	1001	1	5000
	Greenfield Area Medical Center	2	1005	5	1000
	Urgent Care - Jackson	2	1002	2	1000
	Urgent Care - Waverly	2	1004	4	1000
	Urgent Care- Chillicothe	2	1008	8	1000
	Counseling Center	3	1006	6	10
	Medical Office Building	3	1007	7	10
	Rehab & Wellness Center	3	1009	9	10
Family Health Care, Inc	Family Health Clinic-Athens Co.	3	1020	20	10
	Family Health Clinic-Meigs Co.	3	1021	21	10
	Family Health Clinic-Ross Co.	3	1019	19	20
	Family Health Clinic-Vinton Co.	3	1022	22	10
Holzer Consolidated Health Systems	Medical Center	1	1050	50	1000
	Holzer Medical Center-Jackson	2	1054	54	1000
	Dental Health Partners	3	1052	52	10
	Jenkins Memorial Health Clinic	3	1053	53	30
	The Medical Plaza	3	1051	51	10
O'Bleness Health System	O'Bleness Memorial Hospital	1	1108	107	200
	Albany Medical Clinic	3	1111	110	10
	Family Practice Clinic	3	1110	109	10
	Meigs Medical Clinic	3	1109	108	10
Highland District Hospital	Highland District Hospital	1	1069	69	100
	Community Health Clinic	3	1072	72	10
	Greenfield Medical Services	3	1073	73	10
	Highland Family Medicine	3	1070	70	10
	Highland Neurology	3	1076	76	10
	Highland Pediatric Services	3	1071	71	10
	Lynchburg Medical Center	3	1074	74	10
	Physicians for Women Association	3	1075	75	10
Adams County Regional Medical Center	Regional Medical Center	1	1065	65	100
Berger Health Systems	Berger Health System	1	1049	49	100
Fayette County Memorial Hospital	Fayette County Memorial Hospital	1	1099	98	100
Aggregate Starting Bandwidth					11,830

- b. **fees to be paid by other network members – then, describe generally the likelihood of demand to use the network by such entities;**

Ineligible non-health care entities will negotiate directly with Horizon to determine the market-based cost for fiber to connect to the network. Once connected to the Horizon network, the ineligible entities will pay higher market-based rates for connectivity based on Horizon's own business model.

- c. **revenues from excess capacity – then, describe generally the likelihood of demand for such excess capacity.**

Not applicable – the SOHCN does not include excess capacity.

11. Management: Describe the management structure for the network for the duration of the sustainability period, and how management costs will be funded.

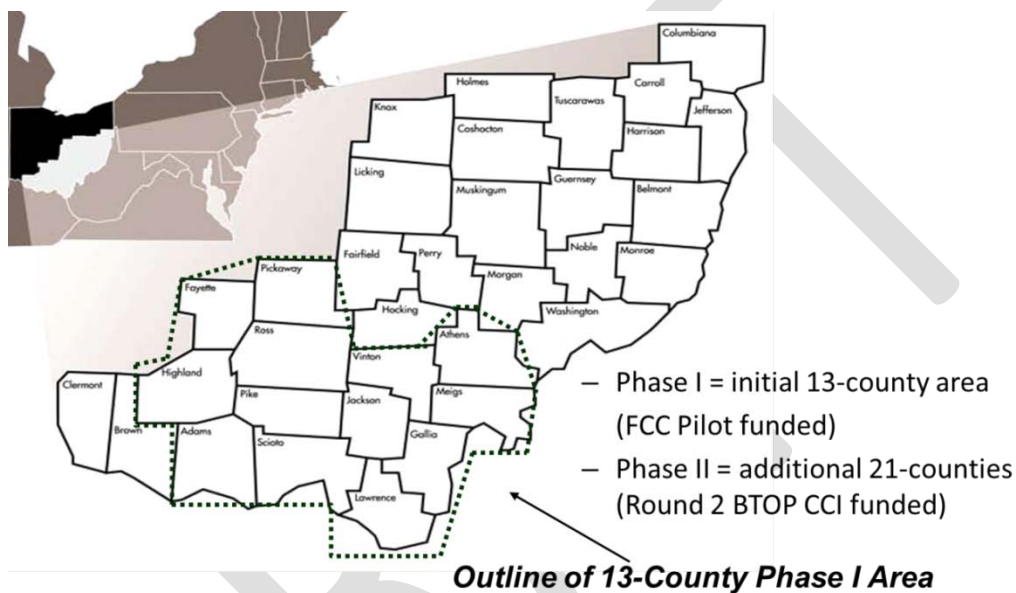
- Adena, Holzer and O'Bleness actively participate as the full membership of the SOHCN Board of Directors.
- SOHCN members have agreed to pay the 7% surcharge on their SOHCN-based telecommunications services so that the SOHCN can:
 - Monitor Horizon's compliance with the MSA
 - Serve as an "ombudsman" for members in the event of conflicts or contractual disputes with Horizon
 - Promote increased participation in SOHCN
 - Form and convene advisory groups from among SOHCN members
 - Conduct annual member satisfaction and needs analysis surveys
 - Negotiate new and improved services with Horizon
 - Handle required government reporting and program audits
- Adena has agreed to make-up the projected SOHCN operating losses during the first three years of network operations.

Appendix

Project Overview

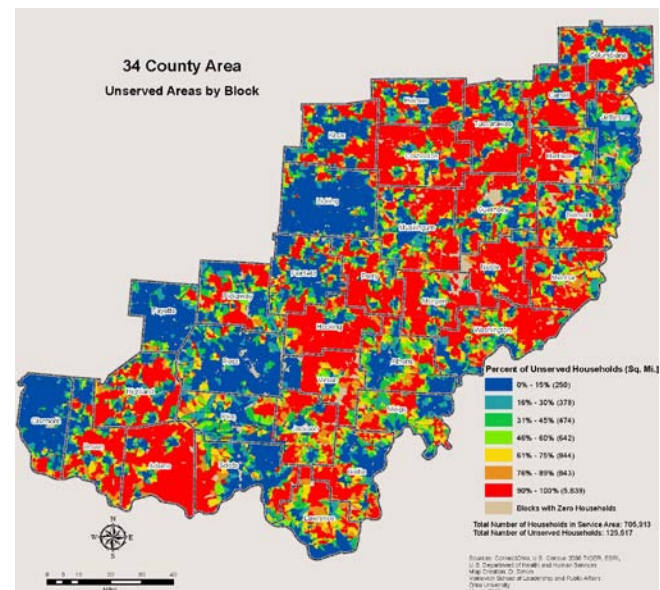
The Challenges

The Southern Ohio Health Care Network (SOHCN) is a consortium of health care providers serving a population of 1.9 million across thirty-four rural counties in Southeast Ohio. The SOHCN service area includes the ten poorest and all six ARC-distressed counties in Ohio. Federal health-care designations blanketing the SOHCN region include Health Professional Shortage Areas (HPSA), one-dozen Critical Access Hospitals (CAH) and 40+ Federally Qualified Health Centers (FQHC).



Given these circumstances, health care professionals in Southeast Ohio are all too familiar with the challenges of practicing medicine in an impoverished, geographically isolated region. Broadband medical tools will provide the critical leverage needed to increase efficiency, improve outcomes and lower costs, but the required high-quality network connections remain unavailable.

Today, in our 16,998 square mile proposed funded service area, an astounding 58.9% of the geography lacks even the most rudimentary broadband services (red areas in map to right). Of the 705,000 households passed in these southeastern Ohio foothills, 457,000 are **underserved** and 125,000 remain **unserved**. Further, the high-speed reliable fiber-optic services required for today's business, educational and health care applications are unavailable in all but a handful of locations.

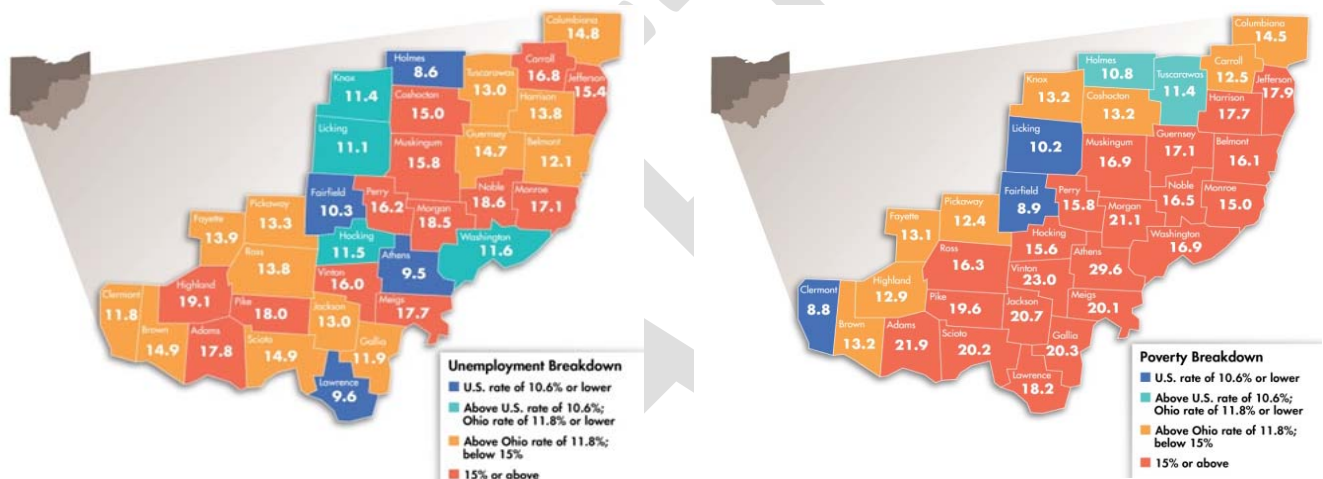


Economic Distress in the Region

The SOHCN has drawn unprecedented support from the region because the broadband gap in the area perpetuates and exacerbates our historic **economic disadvantages**. Of our 34-counties:

- + 31 are Economically Distressed
- + 15 are designated as “distressed” or “at-risk” by the Appalachian Regional Commission
- + 13 endure unemployment 3.5% or more above the national average with a peak of 19.1%
- + 15 suffer from poverty rates 5% or more above the national average with a peak of 29.6%

The region includes the 11 poorest counties in Ohio and also supports above-average concentrations of **vulnerable populations** including veterans, aged, disabled, impoverished, unemployed and medically underserved.



Catch-22 of Rural Broadband

The 34-county SOHCN service area has long faced an intractable “Catch-22” in regards to broadband:

- Carriers cannot justify building the broadband infrastructure because of the low population densities, challenging terrain and limited number of business customers; and
- The lack of broadband thwarts business development, drives out-migration, eliminates critical educational connections, hampers health care innovation and cripples tourism.

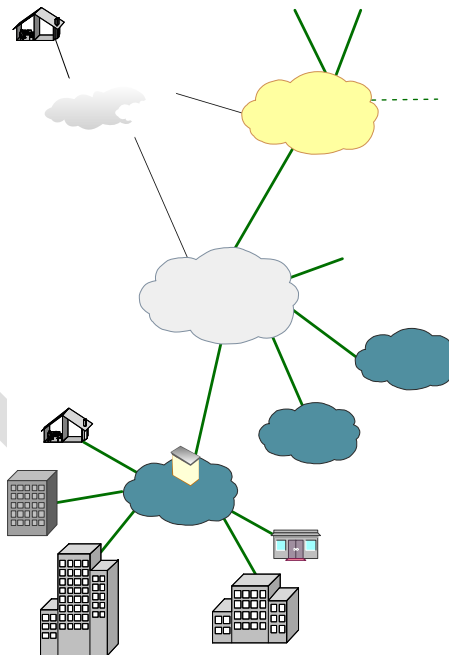
	People Per Square Mile
Columbus Ohio	3,491
State of Ohio Average	280
Service Area Average	109
Vinton County	31
14 Counties	Less than 75

For community anchor institutions and businesses in the SOHCN service area, the broadband options consist primarily of expensive legacy services (T-1’s) delivered over an aging and increasingly unreliable copper distribution plant or residential class DSL or cable modem services that do not provide sufficient bandwidth.

The Solution

SOHCN objectives include:

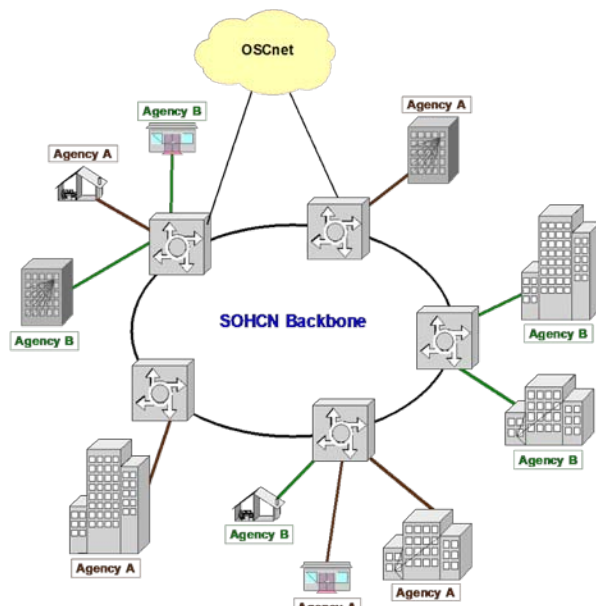
- Establish an inclusive and sustainable broadband health care network open to all providers in the service area.
- Enhance sustainability of rural medical practices.
- Develop deeper, mutually beneficial collaboration among health care providers.
- Expand telemedicine capacity through immersive telepresence based on high-definition video, high-fidelity audio and the latest diagnostic equipment.
- Deliver high-impact continuing education programs for physicians and allied health professionals.
- Support a progressive community health record project and efforts to create a regional health information organization (RHIO).
- Participate in statewide efforts to build a unified health care information infrastructure and cooperative clinical services.



The SOHCN has been awarded \$16.1 million under the FCC Rural Health Care Pilot program (RHCPP) for our 13-county Phase I area. The SOHCN originated with a partnership between the Adena Health System and O'Bleness Health System, resulting in an application for \$14.3 million in funding from the RHCPP. In addition, Holzer Consolidated Health System also received an award for \$1.8 million. Holzer agreed to join the SOHCN, pooling the collective resources to magnify the impact further. A formal merger request was approved by the FCC in late 2008.

Through a competitive bidding process, Horizon Telcom was selected as the carrier for the SOHCN. With the FCC funding we are partnering with Horizon Telcom to build a Fiber-Optic Backbone that will deliver:

1. Connection of rural health care providers, large and small, to the robust network with fiber IRUs owned by the SOHCN to all facilities
2. Fiber-optic rings to provide the reliability necessary to support real-time health care innovations with fiber IRUs owned by the SOHCN in all rings
3. Metropolitan-class broadband services in the 13-county Phase I service area available to:
 - SOHCN members at deeply discounted rates reflecting the investment of the FCC funds in the fiber IRUs
 - Businesses, government offices and non-profit agencies in the SOHCN communities at unsubsidized market rates



SOHCN Management Budget Projections

On-going SOHCN management costs will be funded through a 7% surcharge on SOHCN member telecommunications spend with Horizon. Horizon will invoice this surcharge as a separate line item on the SOHCN members' monthly invoices and remit the resulting income to the SOHCN on a monthly basis.

The chart below lists the activities to be conducted by the SOHCN on an ongoing basis to advance the goals of the SOHCN, support Horizon in marketing services and to insure that Horizon meets its contractual obligations.



Task	2011	2012	2013	2014	2015
Government reporting for the FCC funding program.	\$ 25,000	\$ 25,750	\$ 26,523	\$ 27,318	\$ 28,138
Review of trouble reports and work orders submitted to Horizon by SOHCN members.	\$ 24,000	\$ 26,400	\$ 29,040	\$ 31,944	\$ 35,138
Last resort ombudsman" function for SOHCN members to resolve severe service issues.	\$ 6,000	\$ 6,600	\$ 7,260	\$ 7,986	\$ 8,785
Annual SOHCN member satisfaction and needs analysis surveys, and annual report to members	\$ 25,000	\$ 25,750	\$ 26,523	\$ 27,318	\$ 28,138
Negotiation of new and improved services and/or rates with Horizon.	\$ 13,600	\$ 14,280	\$ 14,994	\$ 15,744	\$ 16,531
SOHCN Audit	\$ 5,000	\$ 6,000	\$ 7,500	\$ 9,000	\$ 10,000
Totals	\$ 98,600	\$ 104,780	\$ 111,839	\$ 119,310	\$ 126,729

SOHCN Value Equation for the FCC

The SOHCN proposal to the FCC requested Phase 1 funding for a relatively small fiber-optic ring serving seven counties. We stated in our proposal that our preference was to partner with carriers rather than build a private fiber ring. We also pledged to stretch the FCC dollars as far as possible, serving more area if costs came in lower than expected.

Through the competitive bidding process, the SOHCN project was able to maximize the value and cost effectiveness of the FCC's investment:

- Expanding the Phase I area to thirteen counties from the originally proposed seven counties.
- Obtaining property rights to over 14,000 strand-miles of fiber compared to the originally proposed 1,050 strand-miles of private fiber.
- Garnering a services rate table that will provide 10 Mbps metro-Ethernet for the cost that eligible entities are currently paying for T-1's (\$400 per month) with 100 Mbps connections at \$667 per month.
- Bringing availability of metro-Ethernet services to dozens of communities in an area nearly devoid of high-speed broadband options.

The SOHCN has exceeded the commitment it made in the proposal approved by the FCC.

Demand for Broadband Capacity from SOHCN Members

Broadband has been the missing ingredient for the Southern Ohio Health Care Network's ambitious mission to expand the reach, quality and efficiency of services to the medically underserved population in the region, including veterans, the aged and the disabled.

Several telemedicine and telehealth initiatives are already underway in the SOHCN as rural healthcare providers team with both metropolitan healthcare facilities and Adena, Holzer and O'Bleness Health Systems to expand their breadth of services to rural clients. These telemedicine initiatives benefit families with critical care newborns and child trauma-related cases with children, students at Ohio University's College of Osteopathic Medicine via educational video conferencing, and physicians via team collaboration on specific medical cases.

The SOHCN and its members seek to expand these successful telemedicine programs for neo-natal intensive care, stroke care, psychiatric treatment and emergency medicine across the region. The existing programs, awaiting only broadband services to expand are summarized in the following pages.

1. Nationwide Children's Hospital Neonatal Intensive Care Telemedicine Program

With the support of the Ohio Board of Regents, Columbus Nationwide Children's Hospital and the Adena Health System launched a neo-natal intensive care telemedicine program in late 2004. The program provides specialists to consult with Adena physicians regarding neonatal patients and also provides a link to the neonatal intensive care unit in Columbus for family members to "visit" infants that require treatment at Children's. Care and consultations include subspecialties such as pediatric cardiology. The link provides live audio and video feeds plus an electronic stethoscope.



The program has halved the number of mothers and babies transported to the metropolitan hospital. The project is currently operating in:

- Adena Regional Health Center
- O'Bleness Memorial Hospital
- Holzer Regional Health Center

Nationwide Children's Hospital awaits only the fiber broadband services from the SOHCN to expand the telemedicine services to every birthing center in the 34-county region.

2. Department of Veteran Affairs

The Medical Center Director of the Veterans Medical Center in Chillicothe, Ohio seeks to expand the use of telemedicine for orthopedics, dermatology and mental health services across southern and eastern Ohio. The availability of fiber-based broadband has been a rate-limiting factor in their placement of these outpatient services.

3. Southern Ohio Telemedicine & Continuing Medical Education Network

Back-to-back USDA Distance Learning and Telemedicine Program (DLT) awards in 2008 and 2009 are bringing telemedicine technology and continuing medical education (CME) to medically underserved, geographically isolated, impoverished Appalachian Ohio counties.

Immersive Videoconferencing for Telemedicine and Education

Each of the thirteen sites will be furnished with a Tandberg Clinical Presence cart-based high-definition (HD) videoconferencing package that will include two wide-screen HD LCD monitors, a 12x pan-tilt-zoom HD camera, and a high-definition exam camera. The mobile carts can be taken to any exam room or conference area within the health care facilities and used for:

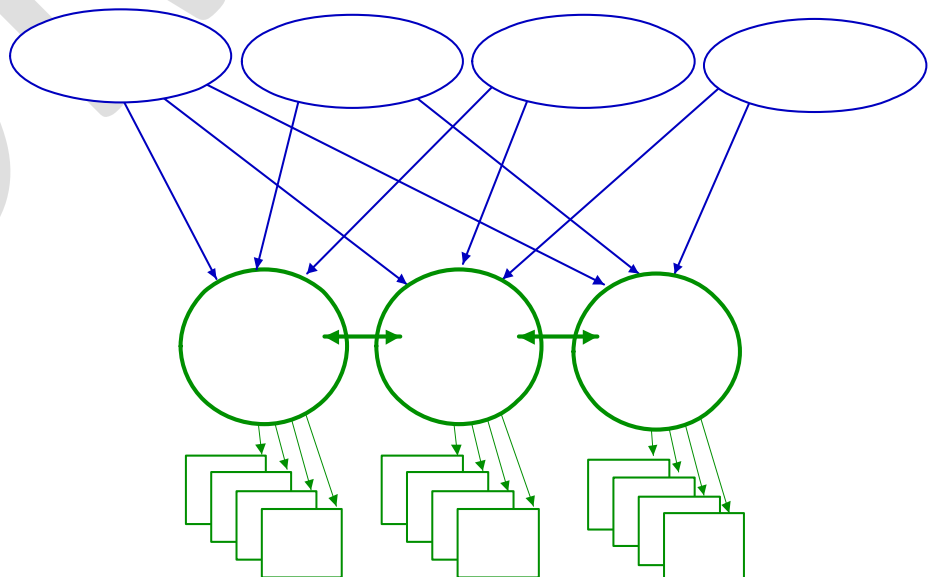
- Real-time or store-and-forward telemedicine for diagnosing and treating patients, providing the expertise of urban specialists without the need for travel.
- Synchronous or asynchronous continuing medical education for physicians and allied medical professionals conducted by Ohio's best and brightest health care specialists.
- Community health education programs delivered from anywhere in the nation to increase the health literacy of Southern Ohioans.



Telemedicine and videoconferencing networks in rural areas have in the past been limited to T-1 speeds. While still a useful service, the quality of the video and audio remains a distraction, creating a barrier between the patient and physician. The broadband connections provided by the Southern Ohio Health Care Network enable HD images and sound, which dramatically expand the range of diagnostic activities that can take place.

Competitively Neutral Telemedicine

The network will be competitively neutral, allowing physicians at each end-user facility the flexibility of selecting from among specialists throughout Ohio.



Sustainability Plan

Participating Sites

Seaman Health Center (HealthSource of Ohio)

Federal Designations: FQHC, HPSA

Seaman is located in Adams County, one of the 29 federally designated Appalachian Ohio counties. In addition to family practice, the Seaman facility offers internal medicine, OB/GYN, pediatrics, psychiatry, mental health and dentistry services. It even houses a pharmacy. These are essential services for the 1,039 residents of the village of Seaman, 22% of whom live below the poverty level. As of 1999, 43% of Seaman's families with children under the age of 5 were living below the poverty level.



Pike Community Hospital

Federal Designations: CAH, HPSA

Located in Waverly in Pike County, the Pike Community Hospital was built in 1958. It is a Critical Access Hospital in a geographically isolated area within Pike County (also designated Appalachian Ohio). While this 25-bed facility is showing its age, it provides indispensable medical services to the 4,433 residents of Waverly.



Greenfield Family Practice (HealthSource of Ohio)

Federal Designations: FQHC

Greenfield is in northeast Highland County (also part of Appalachian Ohio). The Greenfield Urban Cluster has a population of 5,472. The Greenfield facility's three family practice doctors specialize in obstetrics – an important field in Highland County where the Ohio Department of Health classifies the infant mortality rate at the "least preferred level," compared to other Ohio counties.



Adena Urgent Care - Jackson

Federal Designations: HPSA

Opened to provide care for the community in November 2003, this urgent care facility replaced two aging facilities that had served the Jackson community since the mid-1990s. The Jackson facility provides Urgent Care daily, Laboratory Testing, Mammography, MRI, Occupational Health Services, Radiology/X-Ray, and Rehabilitation Services (including Physical and Occupational Therapy). It serves the city of Jackson in Appalachian Ohio's Jackson County. The population of Jackson is 6,184, with 14.6% of its families living below the poverty level.



Family HealthCare, Inc. – Middleport

Federal Designations: FQHC, HPSA

Middleport is located in Meigs County, Ohio's fourth poorest county as measured by per capita income. As the only FQHC in the county, the Middleport clinic provides primary care to the uninsured, underinsured



Sustainability Plan

and indigent on a sliding fee scale. It is staffed by an M.D. and a certified nurse practitioner (CNP); both specialize in family medicine. Clinic services are available to the 23,072 residents of Meigs County, but are most essential to the 20% of the population living below the poverty level. As of 1999, 30% of Meigs' families living below the poverty level had children under the age of five.

Family HealthCare, Inc. -- McArthur

Federal Designations: FQHC, HPSA

The McArthur clinic is the only health care facility in Vinton County, Ohio's second poorest county. It has four family practitioners and two dentists on staff. Like its sister facility in Meigs, this FQHC is vital to the 20% of the county (Population: 12,806) living below the poverty line who cannot afford medical services or travel to urban areas for treatment. It is the only facility offering primary care in the 414-square-mile Vinton County.



Jackson-Vinton Community Action, Inc. Health Services

Federal Designation: HPSA

Jackson-Vinton Community Action, Inc. (JVCAI) is a private, nonprofit formed in 1965 as a local response to President Johnson's War on Poverty. Its Primary Care Clinic, headed by a family practitioner and a licensed practical nurse (LPN), is located in Wellston, Ohio. As a social service provider, JVCAI is unique because it is built on the model of private citizens helping their neighbors in need – an important goal in Wellston, where the median family income is only 69% of the national average. The clinic accepts Medicare and Medicaid, but also provides services to the uninsured.

Doctors Hospital Nelsonville (OhioHealth)

Federal Designation: CAH, HPSA

Doctors is the only critical access hospital in Athens County, the fifth poorest county in Ohio. The 25-bed facility includes a seven-bed Intensive/Coronary Care Unit. Its outpatient clinic specializes in cardiology, urology, nephrology, podiatry, and hematology/oncology. Over one-third of Nelsonville's 5,230 residents live in poverty.



Albany Medical Clinic (O'Bleness Health System)

Federal Designation: HPSA

Albany is a small village southwest of the City of Athens, which is home to the O'Bleness Health System. O'Bleness opened the Albany Medical Clinic after surveys showed the people of Albany did not have adequate access to primary care. The clinic now houses three practices: (1) Albany Family Medicine with three family practitioners; (2) Steiner Family Medicine, named for its physician; and (3) Albany Chiropractic.

The proposed mobile telemedicine cart will be shared by all three facilities.



Greenfield Area Medical Center (Adena Health System)



Federal Designations: CAH, HPSA

The Greenfield Area Medical Center is a critical access hospital that has been serving the Greenfield Urban Cluster since 1918. It is a 25-bed facility offering 24-hour emergency care, a medical/ surgical inpatient unit, as well as inpatient and outpatient rehabilitation. Because Greenfield is located in the northeast corner of Highland County, bordering Ross and Fayette counties, it provides the only critical care available within a half-hour drive to the residents of this tri-county area.

Highland District Hospital

Federal Designations: CAH, HPSA

Highland District Hospital is a 79-bed acute care facility and a 25-bed critical access hospital in Hillsboro. It provides emergency care and inpatient and outpatient primary care.

The Maternity Department's holistic focus on the health and wellness of mother and baby is particularly important in Highland County where the Ohio Department of Health classifies the infant mortality rate at the "least preferred level," compared to other Ohio counties.



Highland Family Medicine (Highland District Hospital)

Federal Designations: RHC, HPSA

Highland Family Medicine is a rural health clinic that uses a team approach to primary care, with physicians and mid-level practitioners collaborating to serve the under- and uninsured. It is housed in the same building with Highland Pediatric Services, the Highland County Health Department and the county's community action organization, which offers family planning (OB/GYN) clinics. Each of these practices is dedicated to improving low-income residents' access to quality health care, a goal best served by shared use of the proposed mobile telemedicine cart. Hillsboro is designated as an HPSA because its low-income population has inadequate access to primary care. 18% of the town's residents live below the poverty level.

Adena Regional Medical Center (ARMC)

Per our 2008 DLT award, the ARMC will continue to function as the hub for the expanding Southern Ohio Telemedicine & Continuing Medical Education Network. ARMC is located at the junction of U.S. Route 23 and State Route 159, seven miles north of Chillicothe in Appalachian Ohio's Ross County. This modern facility provides a wide array of diagnostic and treatment services, including MRI, Spiral CT scanning, Linear Accelerator, advanced surgical suites, and Intensive/Cardiac Care. ARMC's Centers of Excellence include Surgical Services, Cardiac Care, Cancer Care, Women's Services and Rehabilitation Services. Its Maternity and Mental Health units are licensed by the State of Ohio, and Adena Regional Medical Center is fully accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), as is all of Adena Health System.

4. Ohio University College of Osteopathic Medicine

- Office of Medical Informatics (OMI), established July, 2009 to support the integration and implementation of health information technology

- **CORE:** The Centers for Osteopathic Research and Education (CORE) system is an integrated statewide medical education consortium formed by affiliations between OU-COM and teaching hospitals in Ohio and colleges of osteopathic medicine nationwide. All CORE partners are linked via real-time videoconferencing and distance learning technology as well as global, interactive, online Internet access. See affiliate healthcare facilities in the Southern Ohio Telemedicine Network (SOTN) by visiting <http://www.oucom.ohio.edu/omi/TelehealthDLSites.htm>
- **Ohione:** An interactive compressed videoconferencing network, which uses dedicated connections arranged via State of Ohio Network or the Ohio Middle Mile Consortium with E-Rate and USAC/RSC approved pricing

5. Scioto Paint Valley Mental Health Care (SPVMHC)

SPVMHC currently provides tele-psychiatry services where patients video conference with a Columbus-based child psychiatrist from the main care facility in Chillicothe using antiquated T-1 technology. SPVMHC expects to expand the number of sites and transition to full HD-quality video conferencing after the network is built

6. Ohio Health Stroke Care Program

Ohio Health, headquartered in Columbus Ohio, offers emergency room stroke care consultations to rural hospitals. Already operating in two hospitals, Ohio Health is poised to expand the program to emergency rooms across the 34-county area as soon as broadband connections are available.

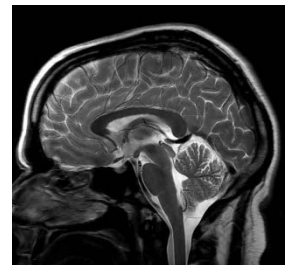
7. Ohio State University Burn Treatment Program

The Ohio State University Hospital has begun a telemedicine program for treatment of burn victims in rural hospitals and clinics. Expansion of the program is limited by the lack of adequate broadband connections.

8. Store and Forward Telemedicine

Numerous physicians practicing in the area take advantage of store-and-forward telemedicine options. For instance:

- Radiology images from PACS are routinely transmitted to multiple remote sites for interpretation and/or treatment planning.
- Cardiology consults are performed using store and forward of EKG data and other diagnostic information.



9. Home Health Care Telemedicine

Both Adena and O'Bleness operate home health care agencies within their systems. Great efficiencies have been demonstrated in pilot projects to equip the chronically ill with monitoring technology that collects vital signs and symptoms, which are reported to a central repository for clinician review. After reviewing the data the clinician can then follow-up with a revised treatment plan with the patient.

Such monitoring systems enable comprehensive home-based disease management for a broad

range of diagnostic groups including: Heart Failure, Chronic Obstructive Pulmonary Disease, Diabetes Mellitus, Hypertension, and Major Depressive Disorder.

10. Community Health Record Project

Adena Health System embarked on an ambitious and industry leading effort to create a community wide health record. The five-year, \$16.2 million project to create full Electronic Medical Records (EMR) for all health care organizations and all area physicians. The services include:

- Unified regional electronic medical record (EMR)
- Integrated health care information system (HCIS)
- Clinical decision support system (CDSS)
- Computer physician order entry system (CPOE)
- Picture archiving and communications system (PACS)
- Quality outcome measures
- Scheduling
- Billing
- Physician office automation offered to ALL physicians in the community offering:
- Patient access via secure web site.



11. Holzer Health Systems

Holzer is engaged in a visioning and planning project among hospitals and schools system for pediatric care/ school nurse support.

12. Center for Healthcare Education Innovation

The Adena Health System, Wright State University and Ohio University launched a joint effort to build the Center for Health Care Education Innovation on the Adena campus in Chillicothe, Ohio. The Center addresses the critical shortage of health professionals by offering academic programs and outreach including:

- Nursing education
- Allied health profession programs
- Continuing education
- Outreach to 5th and 6th graders about career opportunities in the health care field



SOHCN Member Savings Site-by-Site

SOHCN Facility ID	465 Facility ID	HCP	Facility	Current MRC	New MRC
1001	1	Adena	Regional Medical Center	\$14,300	\$12,000
1002	2	Adena	Urgent Care - Jackson	\$6,000	\$2,000
1004	4	Adena	Urgent Care - Waverly	\$6,000	\$2,000
1005	5	Adena	Greenfield Area Medical Center	\$6,000	\$2,000
1006	6	Adena	Counseling Center	\$1,000	\$400
1007	7	Adena	Medical Office Building	\$1,000	\$400
1008	8	Adena	Urgent Care- Chillicothe	\$1,000	\$400
1009	9	Adena	Rehab & Wellness Center	\$1,000	\$400
1015	15	CAC of Pike Co.	Family Health Centers-Waverly	\$425	\$400
1016	16	CAC of Pike Co.	Family Health Centers-Piketon	\$425	\$400
1017	17	CAC of Pike Co.	Family Health Centers-West Portsmouth	\$425	\$400
1018	18	CAC of Pike Co.	Family Health Centers-Jackson	\$425	\$400
1019	19	Family Health Care, Inc	Family Health Clinic-Ross Co.	\$425	\$400
1020	20	Family Health Care, Inc	Family Health Clinic-Athens Co.	\$425	\$400
1021	21	Family Health Care, Inc	Family Health Clinic-Meigs Co.	\$425	\$400
1022	22	Family Health Care, Inc	Family Health Clinic-Vinton Co.	\$425	\$400
1023	23	Shawnee Mental Health Center, Inc.	Mental Health Clinic-Portsmouth	\$425	\$400
1024	24	Shawnee Mental Health Center, Inc.	Mental Health Clinic-West Union	\$425	\$400
1025	25	Shawnee Mental Health Center, Inc.	Mental Health Clinic	\$425	\$400
1026	26	Shawnee Mental Health Center, Inc.	Mental Health Clinic-Coal Grove	\$425	\$400
1027	27	Shawnee Mental Health Center, Inc.	Mental Health Crisis Center	\$425	\$400
1028	28	Scioto Paint Valley Mental Health Center	Main Office	\$425	\$400
1029	29	Scioto Paint Valley Mental Health Center	Fayette County Clinic	\$425	\$400
1030	30	Scioto Paint Valley Mental Health Center	Floyd Simantel Clinic	\$425	\$400
1031	31	Scioto Paint Valley Mental Health Center	Great Seal Clinic	\$425	\$400
1032	32	Scioto Paint Valley Mental Health Center	Lynn Goff Clinic	\$425	\$400
1033	33	Scioto Paint Valley Mental Health Center	Highland County Clinic	\$425	\$400
1034	34	Scioto Paint Valley Mental Health Center	Pickaway County Clinic	\$425	\$400
1035	35	Scioto Paint Valley Mental Health Center	Pike County Clinic	\$425	\$400
1036	36	Woodland Centers Inc.	Gallia Office	\$425	\$400
1037	37	Woodland Centers Inc.	Outpatient Clinic-Jackson	\$425	\$400
1038	38	Woodland Centers Inc.	Outpatient Clinic-Meigs	\$425	\$400
1039	39	The Counseling Center, Inc.	Counseling Center & Family Health Clinic	\$425	\$400
1040	40	The Counseling Center, Inc.	Adams County Office	\$425	\$400
1046	46	The Counseling Center, Inc.	Ray's Place	\$425	\$400
1048	48	CAO Scioto County	Health Program	\$425	\$400
1049	49	Berger Health Systems	Berger Health System	\$425	\$400
1050	50	Holzer Consolidated Health Systems	Medical Center	\$425	\$400
1051	51	Holzer Consolidated Health Systems	The Medical Plaza	\$425	\$400
1052	52	Holzer Consolidated Health Systems	Dental Health Partners	\$425	\$400
1053	53	Holzer Consolidated Health Systems	Jenkins Memorial Health Clinic	\$425	\$400
1054	54	Holzer Consolidated Health Systems	Holzer Medical Center-Jackson	\$425	\$400
1057	57	Family Addiction Community	FACTS	\$425	\$400
1058	58	Family Addiction Community	New Alternatives	\$425	\$400
1060	60	CAO Ironton-Lawrence County	Family Guidance Center	\$425	\$400
1061	61	CAO Ironton-Lawrence County	Chesapeake Family Medical Center	\$425	\$400
1062	62	CAO Ironton-Lawrence County	Kemp Family Medical Center	\$425	\$400
1063	63	CAO Ironton-Lawrence County	Ironton Family Medical Center	\$425	\$400
1064	64	CAO Ironton-Lawrence County	South Point Family Medical Center	\$425	\$400

Sustainability Plan

SOHCN Facility ID	465 Facility ID	HCP	Facility	Current MRC	New MRC
1065	65	Adams County Regional Medical Center	Regional Medical Center	\$425	\$400
1066	66	Doctors Hospital of Nelsonville	Doctors Hospital	\$915	\$667
1067	67	Pike Community Hospital	Pike Community Hospital	\$864	\$667
1068	68	Pike Community Hospital	Piketon Professional Center	\$425	\$400
1069	69	Highland District Hospital	Highland District Hospital	\$776	\$667
1070	70	Highland District Hospital	Highland Family Medicine	\$863	\$667
1071	71	Highland District Hospital	Highland Pediatric Services	\$425	\$400
1072	72	Highland District Hospital	Community Health Clinic	\$425	\$400
1073	73	Highland District Hospital	Greenfield Medical Services	\$425	\$400
1074	74	Highland District Hospital	Lynchburg Medical Center	\$425	\$400
1075	75	Highland District Hospital	Physicians for Women Association	\$225	\$400
1076	76	Highland District Hospital	Highland Neurology	\$425	\$400
1077	77	Highland County CAO	Family Health Service	\$425	\$400
1078	78	Highland County CAO	Greenfield Outreach	\$425	\$400
1095	94	HealthSource of Ohio	Seaman Health Center	\$425	\$400
1096	96	HealthSource of Ohio	Hillsboro Health Center	\$225	\$400
1097	97	HealthSource of Ohio	Washington Court House Family	\$425	\$400
1099	98	Fayette County Memorial Hospital	Fayette County Memorial Hospital	\$425	\$400
1100	99	Dr. John DiTraglia Pediatrics	DiTraglia Pediatrics	\$425	\$400
1101	100	Southern Ohio Medical Center	Southern Ohio Medical Center	\$1,125	\$667
1102	101	Adams Brown Counties Economic	Family Health Clinic	\$425	\$400
1103	103	Tri County Mental Health & Counseling	Athens County Clinic	\$425	\$400
1105	104	Tri County Mental Health & Counseling	Crisis Stabilization Unit-Athens	\$425	\$400
1106	105	Tri County Mental Health & Counseling	Vinton County Clinic	\$425	\$400
1107	106	Tri County Mental Health & Counseling	REACH	\$425	\$400
1108	107	O'Bleness Health System	O'Bleness Memorial Hospital	\$894	\$667
1109	108	O'Bleness Health System	Meigs Medical Clinic	\$425	\$400
1110	109	O'Bleness Health System	Family Practice Clinic	\$425	\$400
1111	110	O'Bleness Health System	Albany Medical Clinic	\$425	\$400
1112	111	O'Bleness Health System	Dermatology Clinic	\$225	\$400
1113	112	O'Bleness Health System	Women's Clinic	\$425	\$400
1126	125	Jackson-Vinton Community Action	Health Services	\$425	\$400
1127	126	Ohio Department of Health	Adams County	\$425	\$400
1128	127	Ohio Department of Health	Athens County Clinic	\$425	\$400
1129	128	Ohio Department of Health	Fayette County	\$425	\$400
1131	129	Ohio Department of Health	Highland County	\$425	\$400
1132	130	Ohio Department of Health	Jackson County	\$425	\$400
1133	131	Ohio Department of Health	Lawrence County	\$425	\$400
1134	132	Ohio Department of Health	Meigs County	\$425	\$400
1135	133	Ohio Department of Health	Pike County	\$425	\$400
1136	134	Ohio Department of Health	Ross County	\$425	\$400
1137	135	Ohio Department of Health	Vinton County	\$425	\$400
1130	136	Ohio Department of Health	Gallia County	\$425	\$400
1138		University Medical Associates	Albany Family Practice	\$425	\$400
1139		University Medical Associates	Cornwell Center	\$425	\$400
1140		University Medical Associates	Castrop Center	\$425	\$400
1141		University Medical Associates	Parks Hall	\$425	\$400
1142		University Medical Associates	Coolville Healthcare Center	\$425	\$400
1143		University Medical Associates	Nelsonville Family Medicine	\$425	\$400
1145		University Medical Associates	Express Care	\$425	\$400